

FINAL PROGRAM



THE PAIN SOCIETY OF THE CAROLINAS

Annual Meeting and Scientific Sessions

December 5-7, 2014

The Belmond Charleston Place Hotel,
Charleston, South Carolina



Jointly Provided by Duke University School of Medicine, The Pain Society of the Carolinas and pmiCME Inc.



WELCOME ...

TO THE SCIENTIFIC SESSIONS

We welcome you to Charleston, SC for the Pain Society of the Carolinas Fifth Annual Meeting and Scientific Sessions. The field of pain management is evolving and expanding every year and the Society through education and advocacy is on the forefront of these changes. Our interactive sessions are designed to inform and support your practice with topic reviews and to keep you up to date with the introduction of information on the cutting edge of the field. Our highly qualified faculty have been chosen for their expertise in the field and for their teaching skills. Their insight and hands on approach is intended to enhance your interventional and non interventional practices.

This meeting is designed for all healthcare professionals in the field of pain management. The overwhelming positive responses to the parallel tracks encouraged the planning committee to expand this model. Our joint session topics are chosen with the pain management team in mind bringing together all professionals in the treatment of pain.

This year we are introducing a hands-on ultrasound workshop for physicians in the field desiring to learn new techniques. In addition we have a half-day session on Risk Evaluation Mitigation Strategies (REMS) for extended release/long acting opioids for all providers to receive a certificate of REMS Course Completion and CME.

I would like to take this opportunity to thank you and all those involved in this meeting as the Pain Society of the Carolinas continues to promote education, advocacy, research and clinical excellence.

Again welcome to the meeting in beautiful Charleston, SC. We hope you enjoy the city, the venue and networking with your colleagues.



Jeffrey Folk MD | President

BOARD OF DIRECTORS



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Immediate Past President



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In Memoriam Founding President

**NOTICE OF PROPOSED AMENDMENT
TO THE BYLAWS
AND NOTICE OF ANNUAL MEETING OF THE MEMBERSHIP
FOR THE PAIN SOCIETY OF THE CAROLINAS**

TO: all Voting Members of the Society

Date: October 31, 2014

Whereas on January 20, 2009, the Initial Board of Directors adopted the Bylaws for the Pain Society of the Carolinas Inc.:

Whereas Article 6, Section 6.02 states that the composition of the Board of Directors shall consist of nine (9) Active members to serve for two-year terms each;

Whereas the Society has achieved significant growth and impact in North and South Carolina;

Whereas the Board of Directors, at its 2013 Annual Board Meeting voted to propose an amendment to the Bylaws to increase the number of Directors from nine to thirteen. This amendment would then be set for a vote of the membership at the 2014 Annual Meeting pursuant to Article XI, Section 11.01.

Whereas, the 2014 **Annual Meeting of the Membership is scheduled for Saturday, December 6, 2014 at 11:45 a.m. at the Belmond Charleston Place Hotel, 205 Meeting Street, Charleston, SC 29401. ALL members are invited to attend** the Annual Meeting regardless of registration for the Scientific Sessions. If you are only coming for the Annual Meeting of the Membership, please rsvp to terri@carolinapain.org You may also cast your vote by proxy. A proxy is attached. It is due at the Society offices by email to terri@carolinapain.org or mail to 145 Kimel Park Drive, Suite 330, Winston Salem, NC 27103 no later than December 1, 2014. Your proxy must be present at the Annual Meeting to vote on your behalf.

Therefore, the Board submits to the voting Membership the following:

CURRENT Article 6, Section 6.02 - Composition:

The Board of Directors shall consist of nine (9) Active members to serve for two-year terms each. No Director shall be elected for more than five (5) consecutive two-year terms. The Immediate Past President shall be an *ex officio* voting member of the Board of Directors for the three (3) years immediately succeeding the termination of his Presidency if not already one of the elected nine (9) Active Members.

PROPOSED AMENDMENT to Article 6, Section 6.02 – Composition

The Board of Directors shall consist of ~~nine (9)~~ **thirteen (13)** Active members to serve for two-year terms each. No Director shall be elected for more than five (5) consecutive two-year terms. The Immediate Past President shall be an *ex officio* voting member of the Board of Directors for the three (3) years immediately succeeding the termination of his Presidency if not already one of the elected nine (9) Active Members.

Respectfully Submitted this 25th Day of October, 2014.

Richard Boortz-Marx MD

Secretary

The Pain Society of the Carolinas



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Scientific Sessions**

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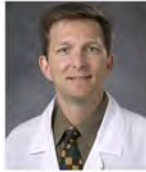
FACULTY

2015 PROGRAM CO-CHAIRS



RICHARD BOORTZ-MARX MD, MS

Duke University College of Medicine
Department of Anesthesiology
Division of Pain Medicine



THOMAS BUCHHEIT MD

Duke University College of Medicine
Department of Anesthesiology
Division of Pain Medicine

2014 SPECIAL GUEST LECTURERS



JAMES EISENACH MD

Wake Forest Baptist Medical Center
Editor-in-Chief Anesthesiology



ROBERT DUARTE MD

President Elect-
The New York State Pain Society
North Shore Long Island Jewish Hospital
Director -NSLIJ Pain Center
Cushing Neuroscience Institute



LYNN WEBSTER MD

CRI Lifetree
Author: Avoiding Opioid Abuse While
Managing Pain: A Guide for Practitioners



DANIEL DOLEYS PHD

The Doleys Clinic
Author: Pain: Dynamics and
Complexities



WILLIAM MAIXNER DDS, PHD

UNC Chapel Hill School of Dentistry



RICHARD RAUCK MD

Founder –
The Pain Society of the Carolinas
Wake Forest Baptist Medical Center
Carolinas Pain Institute,
Center for Clinical Research
JAMES C. CREWS MEMORIAL LECTURER

2014 SAFE OPIOID PRESCRIBING FACULTY



CHARLES E. ARGOFF MD

Albany Medical Center
Albany, NY



MICHAEL BRENNAN MD

The Pain Center of Fairfield
Fairfield, CT



BILL H. MCCARBERG MD, FABM

Kaiser Permanente
San Diego, California

FACULTY



MICHAEL BARTOSZEK MD
Womack Army Medical Center
Fayetteville, NC



JOHN BATSON MD
Lowcountry Spine And Sport
Hardeeville, SC



WILLIAM BLAU MD, PHD
UNC School of Medicine
Chapel Hill, NC



ERIN CAREY MD
University of Kansas Medical Center
Kansas City, KS



ERIN CHANEY MD, MS
Johnson Pain Management
Jacksonville, NC



SCOTT CLINGAN PA-C
Bon Secours Neuroscience Center
for Pain Management
Portsmouth, VA



EMILY DAVIS MSN, ACNP
Duke University Medical Center
Durham, NC



ANNE MARIE FRAS MD
Duke University Medical Center
Durham, NC



STUART GRANT MB, CHB
Duke University Medical Center
Durham, NC



**INGRID HARM-ERNANDES PT,
WCS, BB PMD**
Duke University Medical Center
Durham, NC



THOMAS HOPKINS MD, MHA
Duke University Medical Center
Durham, NC



LEONARDO KAPURAL MD, PHD
Carolinas Pain Institute
Winston-Salem, NC



MICHAEL LANCASTER MD
Project Lazarus
Moravian Falls, NC



DAVID LINDSAY MD
Duke University Medical Center
Durham, NC



TIM MULLENIX PHARM D
Clinical Education Consultant
Phizer Global Medical
Columbia, SC

FACULTY



ANDREA NACKLEY PHD

UNC School of Dentistry
Chapel Hill, NC



RYAN NOBLES MD

Medical University of South Carolina
Charleston, SC



JAMES NORTH MD

Carolinas Pain Institute
Winston-Salem, NC



STEVEN PRAKKEN MD

Duke University Medical Center
Durham, NC



LANCE ROY MD

Duke University Medical Center
Durham, NC



SCOTT RUNYON MD

Duke University Medical Center
Durham, NC



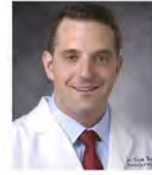
JOAN PRIDDY-SOUTHERN NP-C

Carolinas Pain Institute
Winston-Salem, NC



THOMAS VAN DE VEN MD, PHD

Duke University Medical Center
Durham, NC



THOMAS WEBER JR. DO

Duke Neurosurgery of Raleigh
Raleigh, NC



REV. FRED WELLS BRASON

Project Lazarus
Moravian Falls, NC



AMANDA ZIMMERMAN PA-C

West Forsyth Pain Management
Clemmons, NC



LEARNING OBJECTIVES

At the Conclusion of the Annual Meeting and Scientific Session, participants should be able to:

- Review current basic science, clinical and translational research with regard to its applicability to practice and describe research investigation that study the mechanisms underlying challenging pain syndromes
- Employ key diagnostic and treatment techniques for the management of pain
- Identify and promote appropriate safe opioid usage in patients
- Demonstrate a valuable network of colleagues active in the field of pain medicine
- Describe and efficient and productive clinical practice to promote maximum opportunity for patient to obtain individualized pain management treatment plans.

At the conclusion of the Sunday REMS Program, participants should be able to:

- Implement patient assessment strategies including tools to assess the risk of abuse, misuse or addiction when prescribing extended release/long acting (ER/LA) opioids
- Employ approaches to safely initiate therapy, modify dose, and discontinue use of ER/LA opioids
- Monitor patients by evaluating treatment goals and implementing periodic urine drug testing
- Participate in Prescription Drug Monitoring Programs in their state, if available
- Employ patient education strategies about the safe use of ER/LA opioids
- Identify similarities and differences among ER/LA opioids

DISCLOSURE

The Duke University School of Medicine, pmiCME, and the Pain Society of the Carolinas adhere to ACCME Essential Areas, Standards, and Policies regarding industry support of continuing medical education. Disclosure of the planning committee and faculty's commercial relationships will be made known at the activity. Speakers are required to openly disclose any limitations of data and/or any discussion of any off-label, experimental, or investigational uses of drugs or devices in their presentations.

RESOLUTION OF CONFLICTS OF INTEREST

In accordance with the ACCME Standards for Commercial Support of CME, the Duke University School of Medicine, pmiCME, and the Pain Society of the Carolinas will implement mechanisms, prior to the planning and implementation of this CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this CME activity.



TARGET AUDIENCE

This CME program provides educational activities to physicians, physician-assistants, nurse practitioners, nurses, fellows, residents, and therapists. The Society supports a multi-disciplinary and inter-professional approach to continuing education.

CME CERTIFICATE

Following the meeting, Duke University and PriMed will contact you regarding your CME certificate(s) which will be sent to you after completing the course evaluation and credit claiming procedure. PriMed will also send you a REMS Certificate if you complete the Sunday REMS Certification Program.

INDUSTRY SUPPORT DISCLOSURE

As of print deadline, this meeting is supported, in part, by educational grants and in-kind support from industry. All support is managed in strict accordance with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support. Appropriate acknowledgement of all supporting companies is made to participants prior to the educational activity in the program guide, on the meeting website, and with signage during the meeting. The Pain Society of the Carolinas would like to thank the following companies for their generous support of this educational activity.

EDUCATIONAL GRANTS

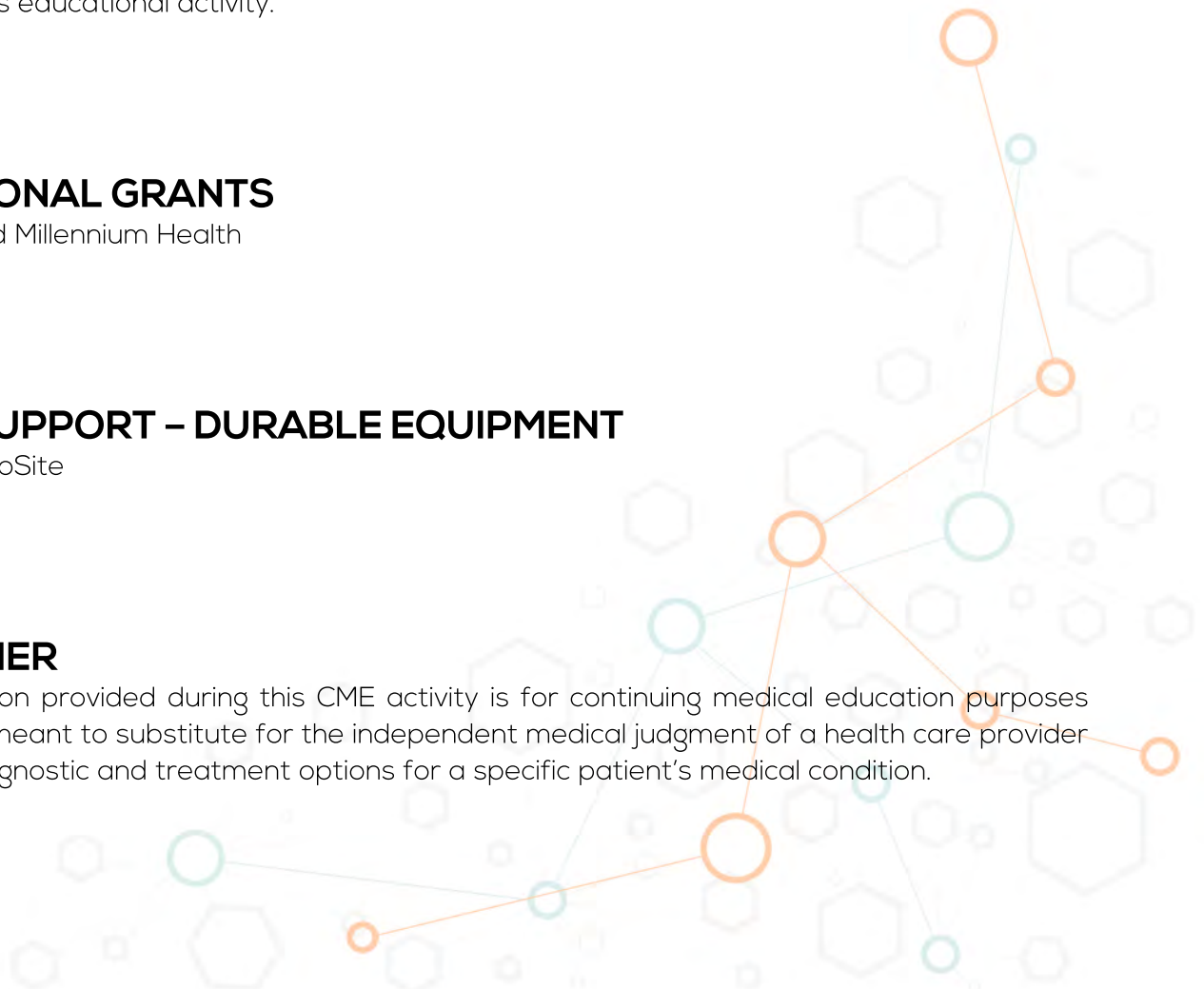
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DISCLAIMER

The information provided during this CME activity is for continuing medical education purposes only. It is not meant to substitute for the independent medical judgment of a health care provider relative to diagnostic and treatment options for a specific patient's medical condition.



ACCREDITATION

**EARN UP TO 19 AMA PRA
CATEGORY 1 CREDITS™**

Friday and Saturday Scientific Sessions



This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Duke University School of Medicine and The Pain Society of the Carolinas. The Duke University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Credit Designation

The Duke University School of Medicine designates this live activity for a maximum of 15.5 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

SPECIAL NEEDS STATEMENT

The Duke University School of Medicine, The Pain Society of the Carolinas, and pmiCME are committed to making its activities accessible to all individuals. If you are in need of an accommodation, please do not hesitate to call Robin L. Hoyle, PSOC Executive Director at (401) 619-4682 and/or submit a description of your needs in writing to robin@carolinapain.org.

Sunday REMS Certification



The REMS activity is provided by pmiCME



ACCME Accreditation with Commendation

pmiCME is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA PRA Credit Designation

pmiCME designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AANP Providership

pmiCME is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP provider number 040308. This program has been approved for 3.5 contact hours of continuing education.

CANCELLATION POLICY

A written notice of cancellation must be received on or before November 15, 2014 for a refund. A \$25 cancellation fee will be assessed at that time; after that date, cancellation requests cannot be honored.

ABSTRACTS

This year, the Pain Society of the Carolinas opened the Abstract Submission opportunity to trainees and physicians/HCPs. To be eligible for a \$500 travel award, complimentary meeting registration and participation in the oral poster competition scheduled for **Friday, December 5 at 6:00 p.m.**, the abstract submitter must be a trainee. The Society provided 11 Trainee travel awards this year. **Trainees in the Oral Poster Competition are indicated by a *T.**

We welcome members to participate as judges in the Trainee Oral Poster Competition – pick up your score sheet just prior to the competition from Robin Hoyle, Executive Director. Thank you to all the excellent submissions.

P1 Peripheral Edema and Weight Gain in Adults with Painful Diabetic Peripheral Neuropathy Receiving Gabapentin Enacarbil or Pregabalin Enrolled in a Randomized Phase 2 Trial - Anne Caulkins MD et.al.

P2 Sensitivity Analyses of the Primary Efficacy Endpoint in a Randomized, Placebo controlled Study of Gabapentin Enacarbil in Patients with Neuropathic Pain Associated with Postherpetic Neuralgia – Anne Caulkins MD et.al.

P3 Genetics and Drug Response: Influence of Variations in ANKK1 and DBH in Individual Response to Oxycodone Medication – Bilikes Akindele MD et.al.

P4-T Compression Stockings to Decrease Pain and Edema Status Post Total Knee Arthroplasty
David Ciaccia MD et.al.

P5-T Postoperative Ketamine Infusion as an Analgesic Adjunct for the Pediatric Patient
Michele Hendrickson

P6-T Therapeutic Effect of Microcurrent Therapy in Children with In-toeing Gait
Dong Rak Kwon MD

P7-T Altered Brain Structure and Function Correlate with Disease Severity and Pain Catastrophizing in Migraine Patients
Catherin Hubbard PhD

P8-T Rare Cause for Lower Extremities Pain
Adbulwahab Hritani MD PhD

P9-T Pectoralis Minor Block Under Ultrasonic and Fluoroscopic Guidance for Diagnosis of Atypical Thoracic Outlet Syndrome
Andrew Lobonc MD

ABSTRACTS

P10-T A Systematic Review of Hypogonadism Associated with Chronic Opioid Therapy
Vittal Nagar MD

P11-T ED2/CD163 Gene Induction Using Nanotechnology for a Cell Directed Gene Therapy for the Treatment of Pain
Candler Paige

P12-T Patient-Centered Self-Management of Chronic Pain Improves Patients' Self-efficacy
Anna Parlier BS

P13-T Case Series Comparing Moderate (1000 Hz) Versus Conventional Frequency Stimulation During Spinal Cord Stimulator Trials
Timothy Replogle II MD

P14-T High Frequency Spinal Cord Stimulation is Efficacious in Patient with Chronic Low Back Pain
David Garrigues MD

P15-T Inflammatory Biomarkers in Patients with Persistent Post-operative Pain after Amputation
Matthew Mauck MD PhD

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FINAL PROGRAM

FRIDAY, DECEMBER 5, 2014

7:00 AM	REGISTRATION OPENS 2ND FLOOR – GRAND HALL
7:55	WELCOME AND OPENING REMARKS CYPRESS/DOGWOOD JEFFREY FOLK MD, PRESIDENT
SESSION ONE	PERSPECTIVES ON OPIOIDS CYPRESS/DOGWOOD MODERATOR: RICHARD BOORTZ-MARX MD MS
8:00 - 9:00	PLENARY 1 SPECIAL GUEST LECTURER ADDICTION LYNN WEBSTER MD
9:00 - 9:45	OVERVIEW AND UPDATE ON CHRONIC OPIOID MANAGEMENT WILLIAM BLAU MD PHD
9:45 - 10:15	OPIOID INDUCED HYPERALGESIA CYPRESS/DOGWOOD STEPHEN PRAKKEN MD
10:15 - 10:45	BREAK WITH EXHIBITORS GRAND FOYER/LIVE OAK/MAGNOLIA
10:45 - 11:30	AN EMERGING ROLE FOR MOR-1K IN OPIOID INDUCED HYPOALGESIA CYPRESS/DOGWOOD ANDREA NACKLEY PHD
11:30 - 12:15	OPIOID INDUCED ENDOCRINOPATHIES CYPRESS/DOGWOOD JAMES NORTH MD
12:15 - 1:15	CORPORATE MEMBER SHOWCASE WITH PLATINUM CORPORATE MEMBER XENOPORT RIVIERA THEATER (ACROSS KING ST.) LUNCH PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED. HORIZANT® (GABAPENTIN ENACARBIL)™ : A PROVIDER'S PROSPECTIVE WITH KAMAL AJAM MD
SESSION TWO	HOT TOPICS IN PAIN MANAGEMENT CYPRESS MODERATORS: ROBERT WILSON MD AND PAUL LAFAVORE MD
1:30 - 2:15	PLENARY 2 SPECIAL GUEST LECTURER THE PSYCHOLOGY OF PAIN DAN DOLEYS PHD
2:15 - 3:00	THE STELLATE GANGLION: A RISING "STAR" REVEALING THE SECRETS OF PTSD MICHAEL BARTOSZEK MD
3:00 - 3:45	TARGETED DRUG DELIVERY RICHARD BOORTZ MARX MD
3:45 - 4:15	BREAK WITH EXHIBITORS GRAND FOYER/LIVE OAK/MAGNOLIA
4:15 - 4:45	INTERVENTIONAL TECHNIQUES FOR HEADACHE INCLUDING BOTULINIUMTOXIN CYPRESS SCOTT RUNYON MD
4:45 - 5:15	VERTEBRAL AUGMENTATION JAMES NORTH MD
5:15 - 5:45	RADIOFREQUENCY DENERVATION OF HIP AND KNEE: A NOVEL APPROACH LEONARDO KAPURAL MD PHD
5:45 - 6:00	DISCUSSION Q&A
6:30 - 7:00	TRAINEE POSTER COMPETITION GRAND FOYER
6:00 - 7:30	NETWORKING RECEPTION WITH EXHIBITORS GRAND FOYER/LIVE OAK/MAGNOLIA
DINNER ON OWN	

FRIDAY HCP PARALELL SESSION DOGWOOD

Moderator: Amanda Zimmerman PA-C Dogwood

- 2:15 - 3:00 THE LOWER BACK PAIN EXAMINATION**
JOHN BATSON MD
- 3:00 - 3:45 A MIDDLELEVEL'S GUIDE TO PROCEDURAL INTERVENTIONS**
JAMES NORTH MD
- 3:45 - 4:15 BREAK WITH EXHIBITORS** GRAND FOYER/LIVE OAK/MAGNOLIA
- 4:15 - 4:45 STEROID CHOICES AND RISKS** DOGWOOD
LANCE ROY MD
- 4:45 - 5:15 METHADONE**
ERIN CHANEY MD
- 5:15 - 5:45 OPTIONS FOR THE MANAGEMENT OF OVERDOSE**
AMANDA ZIMMERMAN PA-C
- 5:45 - 6:15 PERILS AND PITFALLS OF URINE DRUG TOXICOLOGY INTERPRETATION**
SCOTT CLINGAN PA-C
- 6:30 - 7:00 TRAINEE POSTER COMPETITION** GRAND FOYER
- 6:00 - 7:30 NETWORKING RECEPTION WITH EXHIBITORS** GRAND FOYER/LIVE OAK/MAGNOLIA
- DINNER ON OWN**

FINAL PROGRAM

SATURDAY, DECEMBER 6, 2014

6:45 AM	REGISTRATION OPENS 2ND FLOOR – GRAND HALL
7:00 - 8:00	THE BUSINESS OF PAIN MEDICINE YOUR FUTURE AND YOUR PRACTICE CYPRESS/DOGWOOD BREAKFAST PROVIDED TO ALL MEETING ATTENDEES BY PSOC. OPTIMIZING TAX ADVANTAGED RETIREMENT STRATEGIES FOR PRIVATE AND INSTITUTIONAL PHYSICIANS WITH MARK KOBELINSKI JD, MBA – PRINCIPAL FINANCIAL GROUP AND PHYSICIAN OWNED BUSINESS SUCCESSION STRATEGIES WITH ROBERT DANIEL CLTC, RVP MINNESOTA LIFE INSURANCE COMPANY
SESSION THREE	HOT TOPICS IN PAIN MANAGEMENT CONTINUED CYPRESS/DOGWOOD MODERATOR: RICHARD RAUCK MD
8:00 - 9:00	PLENARY 3 SPECIAL GUEST LECTURER MULTIDISCIPLINARY APPROACHES TO SOLVING THE MYSTERIES OF PERSISTENT PAIN CONDITIONS WILLIAM MAIXNER DDS MS
9:00 - 9:45	THE SEARCH FOR NOVEL PREVENTIVE ANALGESICS THOMAS VAN DE VEN MD PHD
9:45 - 10:30	SPECIAL GUEST LECTURER HEADACHE ROBERT DUARTE MD
10:30 - 11:00	BREAK WITH EXHIBITORS GRAND FOYER/LIVE OAK/MAGNOLIA
11:00 - 11:45	HEALTHCARE REORGANIZATION AND THE BUSINESS OF PAIN CYPRESS/DOGWOOD THOMAS HOPKINS MD MS
11:45 - 12:15	ANNUAL BUSINESS MEETING OF THE MEMBERSHIP RIVIERA THEATER (ACROSS KING ST.) SOCIETY BUSINESS UPDATE JEFFREY FOLK, MD MEMBERSHIP VOTE ON AMENDMENT TO BYLAWS ADVOCACY UPDATE - ROBERT WILSON, MD AND EZRA B. RIBER MD TRAINEE POSTER COMPETITION AWARDS - JEFFERY FOLK MD PATIENT SATISFACTION SURVEYS- DATA AND SURVEY - TIM MULLENIX, PHARM D
12:15 - 1:15	CORPORATE MEMBER SHOWCASE WITH PLATINUM CORPORATE MEMBER ST. JUDE MEDICAL RIVIERA THEATER (ACROSS KING ST.) LUNCH PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED.
	BURST in Context, Sense and Sensibility With Thomas L. Yearwood, MD, PhD
1:15 - 2:15	SPECIAL GUEST LECTURER RIVIERA THEATER (ACROSS KING ST.) CAN WE STOP CHRONIC PAIN FROM DEVELOPING AFTER TRAUMA? JAMES EISENACH MD (WITH INTRODUCTION BY JAMES NORTH MD)
2:15 - 3:00	JAMES C. CREWS MEMORIAL LECTURE RIVIERA THEATER (ACROSS KING ST.) RICHARD RAUCK MD (WITH INTRODUCTION BY JAMES NORTH MD)
3:00 - 3:30	BREAK WITH EXHIBITORS GRAND FOYER/LIVE OAK/MAGNOLIA



SATURDAY SESSION FOUR – PELVIC PAIN

CYPRESS

MODERATOR: WILLIAM SPILLANE MD

3:30 - 4:00 MOLECULAR CORRELATES OF VESTIBULODYNIA SUBTYPES

ANDREA NACKLEY PHD

4:00 - 4:30 PELVIC PAIN IN MEN

DAVID LINDSAY MD

4:30 - 5:00 HITTING BELOW THE BELT - CHRONIC PELVIC PAIN IN WOMEN

ANNE MARIE FRAS MD

5:00 - 5:30 SACRAL NEUROMODULATION: THE NEXT BIG THING IN COMPLEX GYNECOLOGIC PAIN SYNDROME

ERIN CAREY MD

5:30 - 6:00 THE MUSCULOSKELETAL MYSTERY

INGRID HARM-ERNANDES PT. WCS. BCB PMD

EVENING ON OWN

HCP PARALELL SESSION

DOGWOOD

MODERATOR: SCOTT CLINGAN PA-C

3:30 - 4:00 THE ROLE OF THE NP/PA IN SPINAL CORD STIMULATION

EMILY DAVIS MSN ACNP

4:00 - 4:30 THE ROLE OF THE NP/PA IN TARGETED DRUG DELIVERY

JOAN SOUTHERN NP-C

4:30 - 5:00 OVERDOSE IN OUR MILITARY AND VETERANS

THOMAS WEBER DO

5:00 - 6:00 COMMON CHALLENGES IN PAIN MANAGEMENT | CASE PRESENTATIONS AND DISCUSSION

SCOTT CLINGAN PA-C, AMANDA ZIMMERMAN PA-C,
EMILY DAVIS MSN ACNP, JOAN SOUTHERN NP-C

EVENING ON OWN

ULTRASOUND WORKSHOP PARALELL SESSION

PHYSICIANS ONLY | LIMITED TO 40 ATTENDEES | SEPARATE FEE REQUIRED

2L (LECTURE) AND COLLETON/DRAYTON (LAB)

MODERATOR: THOMAS BUCHHEIT MD

3:30 - 3:45 ULTRASOUND BASICS

STUART GRANT MD

3:45 - 4:15 ACUTE PAIN INDICATORS

STUART GRANT MD

4:15 - 4:45 CHRONIC PAIN INDICATORS

THOMAS BUCHHEIT MD

4:45 - 6:15 ULTRASOUND WORKSHOP JOINTS. PERIPHERAL NERVE. OCCIPITAL NERVE. INTERCOSTAL.

STATION 1 - STUART GRANT MD COLLETON

STATION 2 - RYAN NOBLES MD COLLETON

STATION 3 - LANCE ROY MD DRAYTON

STATION 4 - SCOTT RUNYON MD DRAYTON

EVENING ON OWN

FINAL PROGRAM

SUNDAY, DECEMBER 7, 2014

7:30-8:30 AM **CORPORATE MEMBER SHOWCASE WITH CORPORATE MEMBER ZOGENIX** CYPRESS
BREAKFAST PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED.
EXTENDED – RELEASE OPIOIDS FOR PAIN MANAGEMENT
A ROUNDTABLE DISCUSSION WITH
CHARLES ARGOFF MD, GERALD ARONOFF MD, AND RICHARD RAUCK MD
MODERATOR: BRADLEY S. GAIER MD, EVP, CMO, ZOGENIX INC.

SESSION FIVE **SAFE OPIOID PRESCRIBING** DOGWOOD
MODERATOR: EZRA B. RIBER

8:30 - 9:15 **PLENARY 4 | PROJECT LAZARUS UPDATE** DOGWOOD
HAEL LANCASTER MD AND REV. FRED WELLS BRASON

9:15 – 1:00 PM **SAFE OPIOID PRESCRIBING** STRATEGIES. ASSESSMENT. FUNDAMENTALS. EDUCATION.
RISK EVALUATION MITIGATION STRATEGIES FOR LONG ACTING | EXTENDED RELEASE OPIOIDS
(REMS CERTIFICATION, CME, AND CEU'S PROVIDED)
CHARLES E. ARGOFF MD
MICHAEL BRENNAN MD
BILL H. MCCARBERG MD FABP

9:15 - 10:15 **EVALUATION IS ESSENTIAL FOR SAFE AND EFFECTIVE PAIN MANAGEMENT USING ER/LA OPIOIDS**

10:15 - 10:30 **BEST PRACTICES FOR HOW TO START THERAPY WITH ER/LA OPIOIDS, HOW TO STOP, AND WHAT TO DO IN BETWEEN**

10:30 - 10:45 **BREAK WITH EXHIBITORS** GRAND FOYER/LIVE OAK/MAGNOLIA

10:45 - 11:15 **EVIDENCE-BASED TOOLS FOR SCREENING FOR PATIENTS AT RISK AND MONITORING FOR ADHERENCE TO PRESCRIBED ER/LA OPIOIDS**

11:15 - 11:45 **TALK TO ME: PROVEN METHODS TO COUNSEL YOU PATIENTS ON ER/LA OPIOIDS AND ACHIEVE POSITIVE OUTCOMES**

11:45 - 12:15 **EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT ER/LA-OPIOIDS AS A DRUG CLASS**

12:15 - 12:45 **GETTING THE MOST CLINICAL INSIGHTS FROM SPECIFIC ER/LA PRODUCT INFORMATION SOURCES**

12:45 – 1:00 **DISCUSSION Q&A**

SAFE Opioid Prescribing: This CME activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www.er-la-opioidREMS.com for a listing of the member companies. This activity is fully-compliant with the ER/LA Opioid Analgesics REMS education requirements issued by the U.S. Food & Drug Administration (FDA).

Thank you to Medtronic and Millennium Health for an Educational Grant
in Support of the Annual Meeting and Scientific Sessions
and to
FUJIFILM Sonosite for In-Kind Support
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CORPORATE MEMBER SHOWCASES

The Following Corporate Member Showcases are scheduled during the Annual Meeting and at times when CME is not scheduled – All Members and Attendees are Invited – Meals served – No CME Provided.

FRIDAY DECEMBER 5, 2014

12:15 - 1:15 PM | RIVIERA THEATER (ACROSS KING ST.)

LUNCH PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED.

PLATINUM CORPORATE MEMBER XENOPORT PRESENTS:

HORIZANT® (gabapentin enacarbil)™: A Provider's Prospective with Kamal Ajam MD

SATURDAY, DECEMBER 6, 2014

12:15 - 1:15 PM | RIVIERA THEATER (ACROSS KING ST.)

LUNCH PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED.

PLATINUM CORPORATE MEMBER ST. JUDE MEDICAL PRESENTS:

BURST in Context, Sense and Sensibility with Thomas L. Yearwood, MD, PhD

SUNDAY, DECEMBER 7, 2014

7:30-8:30 AM | CYPRESS

BREAKFAST PROVIDED TO ALL MEETING ATTENDEES BY PSOC. NO CME PROVIDED.

CORPORATE MEMBER ZOGENIX PRESENTS:

Extended – Release Opioids for Pain Management: A Roundtable Discussion with Charles Argoff MD, Gerald Aronoff MD, and Richard Rauck MD and Moderated by Bradley S. Gaier MD, EVP, CMO, ZOGENIX INC.

BY ATTENDING THE FULL THREE-DAY ANNUAL MEETING,
LEARNERS ARE PROVIDED A 2015 MEMBERSHIP
IN THE PAIN SOCIETY OF THE CAROLINAS
AND A 2015 SUBSCRIPTION TO PAIN PATHWAYS MAGAZINE

THANK YOU FOR ATTENDING THIS YEAR'S
ANNUAL MEETING AND SCIENTIFIC SESSIONS

Extended-Release Opioids for
PAIN MANAGEMENT
 A Roundtable Discussion

Sunday
December 7, 2014
7:30 AM to 8:30 AM
The Cypress Ballroom
The Belmond Charleston
Place Hotel

Supported by an educational grant from Zogenix, Inc.

Zogenix®

Bradley S. Galer, MD
Executive Vice President and
Chief Medical Officer
Zogenix, Inc.
San Diego, California

Charles E. Argoff, MD
Professor of Neurology,
Albany Medical College
Director,
Comprehensive Pain Center,
Albany Medical Center
Albany, New York

Richard L. Rauck, MD
President,
Carolinas Pain Institute,
Center for Clinical Research
Pain Fellowship Director,
Wake Forest University School of Medicine
Winston-Salem, North Carolina

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Naloxone Auto-Injector

EVZIO™
(naloxone HCl injection)
0.4 mg auto-injector

Patients experiencing a known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression, can have

Added Security By Their Side

EVZIO is a take-home, hand-held, single-use naloxone auto-injector. EVZIO is an opioid antagonist intended for immediate administration as emergency therapy in settings where opioids may be present. EVZIO is not a substitute for emergency medical care.

- **Easy to use with visual and voice instructions** that guide a family member, friend, or other caregiver through the administration process and remind them to seek emergency medical assistance¹
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- Comes with **2 single-use auto-injectors, plus a Trainer** for practice

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the Way**

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INDICATION

EVZIO is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. EVZIO is intended for immediate administration as emergency therapy in settings where opioids may be present. EVZIO is not a substitute for emergency medical care.

IMPORTANT SAFETY INFORMATION

EVZIO is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the ingredients in EVZIO.

The following warnings and precautions should be taken when administering EVZIO:

- Due to the duration of action, keep the patient under continued surveillance and repeated doses of naloxone should be administered, as necessary, while awaiting emergency medical assistance.
- Additional supportive and/or resuscitative measures may be helpful while awaiting emergency medical assistance.
- Reversal of respiratory depression by partial agonists or mixed agonists/antagonists, such as buprenorphine and pentazocine, may be incomplete.
- Use in patients who are opioid dependent may precipitate acute abstinence syndrome.
- Patients with pre-existing cardiac disease or patients who have received medications with potential adverse cardiovascular effects should be monitored in an appropriate healthcare setting.

- In neonates, opioid withdrawal may be life-threatening if not recognized and properly treated.

The following adverse reactions have been identified during use of naloxone hydrochloride in the postoperative setting: hypotension, hypertension, ventricular tachycardia and fibrillation, dyspnea, pulmonary edema, and cardiac arrest. Death, coma, and encephalopathy have been reported as sequelae of these events. Excessive doses of naloxone hydrochloride in postoperative patients have resulted in significant reversal of analgesia and have caused agitation.

Abrupt reversal of opioid effects in persons who were physically dependent on opioids has precipitated signs and symptoms of opioid withdrawal including: body aches, fever, sweating, runny nose, sneezing, piloerection, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and tachycardia. In the neonate, opioid withdrawal signs and symptoms also included: convulsions, excessive crying, and hyperactive reflexes.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see brief summary of full Prescribing Information on next page.

Reference: 1. Data on file. kaleo, Inc.

kaleo

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BRIEF SUMMARY OF PRESCRIBING INFORMATION (see full Prescribing Information for complete product information)

EVZIO™ (naloxone hydrochloride Injection) Auto-Injector for intramuscular or subcutaneous use
Initial U.S. Approval: 1971

CONTRAINDICATIONS

EVZIO is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients.

WARNINGS AND PRECAUTIONS

Duration of Effect

The duration of action of most opioids is likely to exceed that of EVZIO resulting in a return of respiratory and/or central nervous system depression after an initial improvement in symptoms. Therefore, it is necessary to seek immediate emergency medical assistance after delivering the first dose of EVZIO, keep the patient under continued surveillance, and repeat doses of EVZIO as necessary. Additional supportive and/or resuscitative measures may be helpful while awaiting emergency medical assistance.

Limited Efficacy with Partial Agonists or Mixed Agonist/Antagonists

Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine and pentazocine, may be incomplete. Large doses of naloxone hydrochloride are required to antagonize buprenorphine because the latter has a long duration of action due to its slow rate of binding and subsequent slow dissociation from the opioid receptor. Buprenorphine antagonism is characterized by a gradual onset of the reversal effects and a decreased duration of action of the normally prolonged respiratory depression.

Precipitation of Severe Opioid Withdrawal

The use of EVZIO in patients who are opioid dependent may precipitate an acute abstinence syndrome characterized by the following signs and symptoms: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In neonates, opioid withdrawal may be life-threatening if not recognized and properly treated and may include the following signs and symptoms: convulsions, excessive crying, and hyperactive reflexes.

Abrupt postoperative reversal of opioid depression after using naloxone hydrochloride may result in nausea, vomiting, sweating, tremulousness, tachycardia, hypotension, hypertension, seizures, ventricular tachycardia and fibrillation, pulmonary edema, and cardiac arrest. Death, coma, and encephalopathy have been reported as sequelae of these events. These events have occurred in patients most of whom had pre-existing cardiovascular disorders or received other drugs which may have similar adverse cardiovascular effects. Although a direct cause and effect relationship has not been established, after use of naloxone hydrochloride, patients with pre-existing cardiac disease or patients who have received medications with potential adverse cardiovascular effects should be monitored for hypotension, ventricular tachycardia or fibrillation, and pulmonary edema in an appropriate healthcare setting. It has been suggested that the pathogenesis of pulmonary edema associated with the use of naloxone hydrochloride is similar to neurogenic pulmonary edema, i.e., a centrally mediated massive catecholamine response leading to a dramatic shift of blood volume into the pulmonary vascular bed resulting in increased hydrostatic pressures.

ADVERSE REACTIONS

The following serious adverse reactions are discussed elsewhere in the labeling:

- Duration of Effect
- Precipitation of Severe Opioid Withdrawal

The following adverse reactions have been identified during postapproval use of naloxone hydrochloride in the postoperative setting. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: hypotension, hypertension, ventricular tachycardia and fibrillation, dyspnea, pulmonary edema, and cardiac arrest. Death, coma, and encephalopathy have been reported as sequelae of these events. Excessive doses of naloxone hydrochloride in postoperative patients have resulted in significant reversal of analgesia and have caused agitation.

Abrupt reversal of opioid effects in persons who were physically dependent on opioids has precipitated an acute withdrawal syndrome. Signs and symptoms have included: body aches, fever, sweating, runny nose, sneezing, piloerection, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and tachycardia. In the neonate, opioid withdrawal signs and symptoms also included: convulsions, excessive crying, and hyperactive reflexes.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B

Risk Summary

There are no adequate and well-controlled studies with EVZIO in pregnant women. Animal studies were conducted with naloxone hydrochloride given during organogenesis in mice and rats at doses 4-times and 8-times, respectively, the dose of a 50 kg human given 10 mg/day. These studies demonstrated no embryotoxic or teratogenic effects due to naloxone hydrochloride. Because animal reproduction studies are not always predictive of human response, EVZIO should be used during pregnancy only if clearly needed.

Clinical Considerations

Naloxone hydrochloride crosses the placenta, and may precipitate withdrawal in the fetus as well as in the opioid-dependent mother. The fetus should be evaluated for signs of distress after EVZIO is used. Careful monitoring is needed until the fetus and mother are stabilized.

Data

Animal Data

Naloxone hydrochloride was administered during organogenesis to mice and rats at doses 4-times and 8-times, respectively, the dose of 10 mg/day given to a 50 kg human (when based on body surface area or mg/m²). These studies demonstrated no embryotoxic or teratogenic effects due to naloxone hydrochloride.

Nursing Mothers

It is not known whether naloxone hydrochloride is present in human milk. Because many drugs are present in human milk, exercise caution when EVZIO is administered to a nursing woman.

Pediatric Use

The safety and effectiveness of EVZIO (for intramuscular and subcutaneous use) have been established in pediatric patients for known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Use of naloxone hydrochloride in pediatric patients is supported by evidence from adequate and well-controlled studies of naloxone hydrochloride in adults with additional data from 15 clinical studies (controlled and uncontrolled) in which neonates and pediatric patients received parenteral naloxone in doses ranging from 0.005 mg/kg to 0.01 mg/kg. Safety and effectiveness are also supported by use of other naloxone hydrochloride products in the postmarketing setting as well as data available in the medical literature and clinical practice guidelines.

Absorption of naloxone hydrochloride following subcutaneous or intramuscular administration in pediatric patients may be erratic or delayed. Even when the opiate-intoxicated pediatric patient responds dramatically to naloxone hydrochloride injection, he/she must be carefully monitored for at least 24 hours as a relapse may occur as naloxone is metabolized. In opioid-dependent pediatric patients, (including neonates), administration of naloxone may result in an abrupt and complete reversal of opioid effects, precipitating an acute opioid withdrawal syndrome. Neonatal opioid withdrawal syndrome, unlike opioid withdrawal syndrome in adults, may be

life-threatening and should be treated according to protocols developed by neonatology experts.

In neonates and pediatric patients less than 1 year of age, careful observation of the administration site for evidence of residual needle parts and/or signs of infection is warranted.

Geriatric Use

Geriatric patients have a greater frequency of decreased hepatic, renal, or cardiac function and of concomitant disease or other drug therapy. Therefore, the systemic exposure of naloxone can be higher in these patients. Clinical studies of naloxone hydrochloride did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Long-term animal studies to evaluate the carcinogenic potential of naloxone have not been completed.

Mutagenesis

Naloxone was weakly positive in the Ames mutagenicity and in the in vitro human lymphocyte chromosome aberration test, but was negative in the in vitro Chinese hamster V79 cell HGPRT mutagenicity assay and in the in vivo rat bone marrow chromosome aberration study.

Impairment of Fertility

Reproduction studies conducted in mice and rats at doses 4-times and 8-times, respectively, the dose of a 50 kg human given 10 mg/day (when based on surface area or mg/m²), demonstrated no adverse effect of naloxone hydrochloride on fertility.

PATIENT COUNSELING INFORMATION

Advise the patient and family members or caregivers to read the FDA-approved patient labeling (*Instructions for Use*). Instruct patients and their family members or caregivers to:

- Become familiar with the following information contained in the carton as soon as they receive EVZIO:
 - EVZIO *Instructions for Use*
 - Trainer for EVZIO *Instructions for Use*
 - Trainer for EVZIO
- Practice using the Trainer before EVZIO is needed.
 - Each EVZIO (which is purple and yellow) can only be used one time; however, the Trainer (which is black and white) can be re-used for training purposes and its red safety guard can be removed and replaced.
 - Both EVZIO and the Trainer for EVZIO incorporate the electronic voice instruction system.
- Make sure EVZIO is present whenever persons may be intentionally or accidentally exposed to an opioid to treat serious opioid overdose (ie, opioid emergencies).

Instruct patients and their family members or caregivers how to recognize the signs and symptoms of an opioid overdose requiring the use of EVZIO such as the following:

- Extreme sleepiness – inability to awaken a patient verbally or upon a firm sternal rub.
- Breathing problems – this can range from slow or shallow breathing to no breathing in a patient who cannot be awakened.
- Other signs and symptoms that may accompany sleepiness and breathing problems include the following:
 - Extremely small pupils (the black circle in the center of the colored part of the eye) sometimes called “pinpoint pupils.”
 - Slow heartbeat and/or low blood pressure.

Instruct them that when in doubt, if a patient is unresponsive, and an opioid overdose is suspected, administer EVZIO as quickly as possible because prolonged respiratory depression may result in damage to the central nervous system or death. Instruct them to seek emergency medical assistance after administering the first dose of EVZIO.

Duration of Effect

Instruct patients and their family members or caregivers that since the duration of action of most opioids may exceed that of naloxone, seek immediate emergency medical assistance, keep the patient under continued surveillance, and administer repeated doses of EVZIO as necessary.

Limited Efficacy with Partial Agonists or Mixed Agonist/Antagonists

Instruct patients and their family members or caregivers that the reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine and pentazocine, may be incomplete.

Precipitation of Severe Opioid Withdrawal

Instruct patients and their family members or caregivers that the use of EVZIO in patients who are opioid dependent may precipitate an acute abstinence syndrome characterized by the following signs and symptoms: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In neonates, opioid withdrawal may be life-threatening if not recognized and properly treated, and may include the following signs and symptoms: convulsions, excessive crying, and hyperactive reflexes.

Administration Instructions

Instruct patients and their family members or caregivers about the following important information:

- EVZIO is user actuated and may be administered through clothing (eg, pants, jeans) if necessary.
- Inject EVZIO while pressing into the anterolateral aspect of the thigh. In pediatric patients less than 1 year of age, pinch the thigh muscle while administering EVZIO.
- Upon actuation, EVZIO automatically inserts the needle intramuscularly or subcutaneously, delivers the naloxone, and retracts the needle fully into its housing. The needle is not visible before, during, or after injection.
- Each EVZIO can only be used one time.
- If the electronic voice instruction system of EVZIO does not work properly, EVZIO will still deliver the intended dose of naloxone hydrochloride when used according to the printed instructions on its label.
- The electronic voice instructions are independent of activating EVZIO and are not required to wait for the voice instructions to be completed prior to moving to the next step in the injection process.
- Post-injection, the black base locks in place, a red indicator appears in the viewing window and electronic visual and audible instructions signal that EVZIO has delivered the intended dose of naloxone hydrochloride.
- EVZIO's red safety guard should not be replaced under any circumstances. However, the Trainer is designed for re-use and its red safety guard can be removed and replaced.
- It is recommended that patients and caregivers become familiar with the training device provided and read the *Instructions for Use*; however, untrained caregivers or family members should still attempt to use EVZIO during a suspected opioid overdose while awaiting definitive emergency medical care.
- Periodically visually inspect the naloxone solution through the viewing window. If the solution is discolored, cloudy, or contains solid particles, replace it with a new EVZIO.
- Replace EVZIO before its expiration date.

Manufactured for: kaleo, Inc. Richmond, VA 23219

*For California Only: This product uses batteries containing Perchlorate Material –special handling may apply.
See www.dtsc.ca.gov/hazardouswaste/perchlorate

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We provide healthcare professionals with customized compliance monitoring and drug testing service tools to aid in creating treatment plans, patient protection and improved clinical results.

NEWS

Useful advice

The diversion, misuse & abuse of controlled prescription medications are referenced by some organizations as a public health epidemic. It is strongly recommended under federal, state, and clinical guidelines to use urine drug testing when treating patients with controlled substances.

Prescription painkiller overdoses are a public health epidemic *

- Prescription painkiller overdoses killed nearly 15,000 people in the US in 2008. This is more than 3 times the 4,000 people killed by these drugs in 1999.
- In 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.
- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.
- Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct health care costs.

[^]<http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html>

Clinical

At AvuTox, we strive to offer you a wide variety of clinical laboratory tests customized to help you continue offering superior patient care, from diagnosis to drug testing to compliance. We can also provide you with customized plans to meet your needs and achieve your monitoring goals.

Medication Compliance & Testing

AvuTox offers healthcare professionals a reportable range of 2-2,000ng/ml. The sensitivity of our testing allows for an extended detection time and more information for the clinician. Only 0.2mg of a specimen is needed to produce a full confirmation report.

Toxicology

Liquid Chromatography Tandem Mass-Spectrometry (LC/MS/MS) technology is a specific testing method and yields a quantitative result versus a qualitative result. These results provide exact information including the presence of specific drugs and drug metabolites. LC/MS/MS technology uses lower cutoff levels than in-office drug tests.

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It is of the utmost importance to ensure sample security throughout the testing process. As part of our commitment to every customer, each sample is assigned three identifiers for confidentiality and HIPPA compliance purposes. Test results will only be released to the healthcare professional treating the patient.

Process:

1. Screening: Immunoassay tests screen for the presence of opiates, benzodiazepines, amphetamines, illicit drugs, and other chosen drug classes.
2. Specimen Validity Testing: A sample undergoes validity testing for creatinine, pH levels and specific gravity to confirm it is an actual human sample without adulterated or diluted traits.
3. Confirmation Testing: LC/MS/MS is an analytical chemistry method that merges the physical separation capabilities of liquid chromatography with the mass analysis capabilities of mass spectrometry.

Each Healthcare Professional has the ability to create medication compliance testing to fit their needs

Options Include, (but not limited to):

- Urine or Saliva testing
- In office testing (POCT chemistry device or analyzer)
- Protocol and tests of your choice
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Alere offers a broad range of toxicology services to help providers optimize outcomes and improve patient care. Our comprehensive suite of toxicology products and services allows for more personalized treatment and enables earlier interventions, which ultimately leads to reduced healthcare costs and better quality of life for patients.



Allergan is a multi-specialty health care company established more than 60 years ago with a commitment to uncover the best of science and develop and deliver innovative and meaningful treatments to help people reach their life's potential. From our beginnings as an eye care company to our focus today on several medical specialties, including neurosciences, Allergan is proud to celebrate more than 60 years of medical advances and proud to support the patients and physicians who rely on our products and the employees and communities in which we live and work.



ANDOR LABS, a Durham, NC Clinical Toxicology Drug Testing Laboratory. ANDOR LABS specializes in Drug Monitoring/Drug Confirmation testing for the Pain Management field, employing State of the Art LC-MS/MS instrumentation for all Confirmation testing. "Want to spend more time with your patients, spend less time interpreting lab reports, lower drug testing costs to your patients and their payors?" Then partner with ANDOR LABS- RESPONSIBLE and EFFECTIVE pain management drug testing!



Aspirar pharmacy is a leading compound and retail pharmacy. We aspire for difference in service, quality, excellence, and integrity. Our goal is to be an extension of health care providers and assist in the well being of all patients



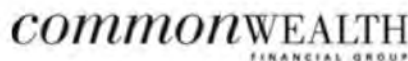
AvuTox Laboratories specializes in the implementation and optimization of point-of-care solutions including physician office laboratories, producing exceptional clinical data rapidly while adding a significant alternative revenue source. AvuTox provides healthcare professionals with customized compliance monitoring and drug testing services to aid in creating treatment plans, patient protection and improved clinical outcomes.



Boston Scientific's Precision Plus™ SCS System powered by SmoothWave™ Technology blends sophistication and simplicity to deliver life-changing therapy for chronic pain patients. Investing in innovative products, clinical initiatives, and world-class service, Boston Scientific is committed to Making life smoother™ for physicians, patients, and the Neuromodulation community.



Carolina Liquid Chemistries Corp. (CLC) is a medical device company known for bringing new tests and chemistry analyzers to market. CLC offers cost-effective, innovative lab equipment including: the CLC480 benchtop, the CLC720 floor model and the CLC6410 high through-put chemistry analyzers. In addition, CLC offers an extensive test menu with over 25 urine drug tests including hydrocodone.



Located on Daniel Island, near Charleston, S.C., Commonwealth Financial Group provides unbiased direction and advice in the areas of financial success, including investment management, tax and estate planning, insurance, education planning and business succession.



Cosman Medical offers a comprehensive range of radiofrequency (RF) generators, electrodes, and cannulae for neurosurgery and pain management in interventional anesthesiology and podiatry.



Depomed is a Specialty Pharmaceutical Company focused on developing and commercializing products to treat Pain and Central Nervous System conditions. The company currently markets 4 FDA-approved products, Gralise tablets for management of Postherpetic Neuralgia (PHN), Cambia for acute treatment of migraine with or without aura in adults 18 years of age and older, Zipsor liquid filled capsules for relief of mild to moderate acute pain, and Lazanda nasal spray for the management of breakthrough pain in cancer patients



Disc Disease Solutions is a revolutionary approach in the treatment of lower back and neck pain due to spinal diseases and injuries. A unique and patented air traction design sets it apart from all other ambulatory supports. DDS is thin, lightweight and easy to use; it offers a high degree of mobility, alleviating as well as preventing back and neck pain.



Dominion Diagnostics is a fully certified national medical laboratory specializing in clinical quantitative urine drug testing, scientifically accurate medication monitoring, and fully integrated clinical support services. Dominion provides information regarding patient prescription adherence, illicit drug usage, addiction, and substance misuse for a diversity of medical specialties, including pain and addiction medicine.



DRUGSCAN® is Fast, Professional, Accurate, & Responsive. One of only a few nationally certified SAMHSA toxicology laboratories; DRUGSCAN® is a leader in clinical and forensic toxicology, medication monitoring, and drug detection laboratory services. At DRUGSCAN®, our mission is to keep everyone in the patient care continuum safe and compliant with all regulations; providing clients with advanced technology, accurate results, and superior customer service.



eLab Solutions is a Toxicology and Genetic Testing Laboratory focused on partnering with clinical groups that place a premium on patient care and testing compliance. eLab can also partner with your practice to install properly accredited Physician Office Laboratories in certain scenarios.



Flowonix is a medical device company dedicated to helping those who suffer from chronic disorders. Our team has decades of experience developing unique and reliable medical devices to improve patients' quality of life. Using one of a kind technology that delivers industry leading accuracy, Flowonix has developed an implantable drug pump designed to deliver therapeutic drugs into the spine to relieve a variety of chronic disorders and help patients return to normal lives.



Galena Biopharma is a biopharmaceutical company with a broad pipeline in all stages of development including novel cancer immunotherapies to prevent the recurrence of breast, ovarian and endometrial cancers. Galena's commercial product featured at this conference is a transmucosal, rapid acting, sublingual fentanyl tablet indicated for the management of breakthrough cancer pain.



Halyard Health is a medical technology company focused on preventing infection, eliminating pain and speeding recovery. Just as a halyard fuels forward movement, Halyard Health's clinically-superior products and remarkable service help to advance health and healthcare worldwide. Formerly part of Kimberly-Clark, Halyard became an independent company on November 1, 2014. For more information, visit www.halyardhealth.com.



INSYS Therapeutics is a specialty pharmaceutical company developing and commercializing supportive care products. We focus our research efforts on product candidates that utilize innovative formulations to address the clinical shortcomings of existing pharmaceutical products. Our currently marketed product is a treatment option for the management of breakthrough cancer pain.



At Janssen, we are dedicated to addressing and solving some of the most important unmet medical needs of our time in oncology, immunology, neuroscience, infectious diseases and vaccines, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world. Janssen Pharmaceuticals, Inc. is one of the Janssen Pharmaceutical Companies of Johnson & Johnson.



Jazz Pharmaceuticals plc is a dynamic specialty biopharmaceutical company that identifies, develops and commercializes innovative products to address unmet medical needs in focused therapeutic areas, always keeping in mind our mission to improve patients' lives. Living our core values of integrity, passion, collaboration, innovation and the pursuit of excellence is the key to our success.



Kaléo is a pharmaceutical company dedicated to putting a new generation of life-saving personal medical products into your patient's hands. Each kaléo product combines an established drug with an innovative delivery platform with the goal of achieving superiority, cost effectiveness and patient preference.



Keystone is a nationally recognized, state-of-the-art lab nestled in the Blue Ridge Mountains in Asheville, North Carolina. We specialize in pain management, addiction monitoring, workers' compensation and workplace testing. If you have questions, we have the most trusted answers.



LaserShip's Global Critical Delivery division specializes in the transportation of human specimens. We have the unique ability to deliver your specimens back to your lab 8-12 hours before the national overnight carriers. Call us today to find out how we can help your lab! 1-877-807-1010.



Mallinckrodt is a global specialty pharmaceuticals company, including branded medicines focused on the management of pain and spasticity. The company's portfolio also includes generic specialty pharmaceutical products, active pharmaceutical ingredients and diagnostic imaging agents. Visit www.mallinckrodt.com to learn more.



Medical Mutual goes beyond the typical offerings of most professional liability companies by providing members with real value for their investment in their professional liability coverage. Our timely insurance solutions and resources are designed to offer physicians greater flexibility and peace of mind to focus on practicing good medicine.



Medtronic is committed to Innovating for Life by pushing the boundaries of medical technology and changing the way the world treats chronic disease. We innovate beyond the pain, providing physicians with advanced SCS and targeted drug delivery therapies that help you return your patients to the lives they've been missing. professional.medtronic.com



Millennium Health is a leading health solutions company that delivers accurate, timely, clinically actionable information to inform the right treatment decisions for each patient at the right time. Millennium offers a comprehensive suite of services to better tailor patient care. More information is available at www.millenniumhealth.com.



NeuroTherm is a leading medical device company focused on developing and delivering less invasive treatments for chronic pain. The company offers innovative solutions including radiofrequency ablation systems, intradiscal therapies, and vertebral compression fracture treatments in more than 65 countries. For more information, please visit www.neurotherm.com.



At Osseon we design, manufacture and distribute innovative products to improve the quality of life for patients with vertebral compression fractures (VCF) which may result from osteoporosis, osteotraumatic injuries, myelomas or other degenerative bone diseases. We are driven by the needs of patients, and the surgeons and health care providers who treat them. This dedication, combined with Osseon's best in class engineering, allows us to deliver groundbreaking technology for the treatment of vertebral compression fractures and other degenerative bone diseases.



PainPathways is the first, only and ultimate pain magazine. Dr. Richard Rauck, a leading expert in pain management, created PainPathways to connect and inspire people who live with pain, both personally and professionally, offering in-depth information on new treatments, integrative therapies and current research. - See more at: www.painpathways.org



At Pfizer, we apply science and our global resources to improve health and well-being at every stage of life. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time.



The Principal Financial Group® (The Principal®) is a global investment management leader. Retirement solutions, insurance, and investment products are available through our diverse family of financial services companies and national network of financial professionals. A leading provider of defined contribution plans and total retirement solutions innovator, The Principal® offers a wide range of workplace retirement plans and programs including 401(k), 403(b), defined benefit plans, nonqualified deferred compensation plans, individual 401(k)s, SIMPLE & SEP IRAs for non-profit, government and for-profit organizations of all sizes. A member of the FORTUNE 500®, the Principal® has \$517.9 billion in assets under management and serves some 19.4 million customers.



Purdue Pharma L.P. is well known for its pioneering work on persistent pain, a principal cause of human suffering. The company's leadership and employees are dedicated to providing healthcare professionals, patients and caregivers with effective therapies, and innovative educational resources and tools that support their proper use.



Renaissance RX is a company who understands the importance of meeting these expectations and is dedicated to developing tools that help physicians provide the highest quality of patient care. While Renaissance RX has become a leader in the industry of Pharmacogenomics, we also excel in Toxicology testing. By combining these two technologies, RenRX is able to aid physician practices in maintaining continuity of care while simplifying patient management. The Renaissance RX reporting platform enables physicians to seamlessly incorporate this informative approach to personalized medicine while managing medications and tracking drug adherence.



Salix is committed to being the leading US specialty pharmaceutical company licensing, developing, and marketing innovative products to healthcare professionals to treat gastrointestinal disorders in patients. RELISTOR® (methylnaltrexone bromide) - RELISTOR® is indicated for the treatment of opioid-induced constipation (OIC) for adult patients with chronic non-cancer pain. RELISTOR® is also indicated for the treatment of opioid-induced constipation (OIC) in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient. Use of RELISTOR beyond four months has not been studied.



Synvisc and Synvisc-One® (hylan G-F 20) is a viscosupplement injection made from a natural substance that lubricates and cushions knee joints and can provide up to six months of osteoarthritis knee pain relief in a three injection series, or with Synvisc-One in just one injection.



Select Laboratory Partners, Inc. (SLP) is a highly specialized, healthcare services company that installs turn-key managed toxicology and clinical laboratories in physician practices. The company provides a comprehensive lab solution for primary care, pain management and behavioral rehabilitation practices through consultation on cost effective capital equipment, lab management services, CLIA compliance, lab information systems; recruitment and training of qualified personnel and reagents.



SI-BONE, Inc. is the leading sacroiliac (SI) joint medical device company dedicated to the development of tools for diagnosing and treating patients with low back issues related to SI joint disorders. The company is manufacturing and marketing a minimally invasive surgical (MIS) technique for the treatment of SI joint pathology.



Siemens Healthcare is one of the world's largest suppliers to the healthcare industry and the first full-service diagnostics company. The company is known for bringing together innovative medical technologies, healthcare information systems, management consulting, and support services, to help customers achieve tangible, sustainable, clinical, and financial outcomes.
www.usa.siemens.com/healthcare.



FUJIFILM SonoSite, Inc., the world leader in bedside and point-of-care ultrasound, delivers solutions that meet imaging needs of the medical community. With its acquisition of VisualSonics' ultra high-frequency micro imaging technology, SonoSite continues to influence the future of medical ultrasound in both the clinical and preclinical markets



St. Jude Medical is a technology leader in implantable neurostimulation therapies, with over 30 years of experience, numerous technological firsts, and more than 75,000 patients in 40 countries with St. Jude Medical neurostimulation devices used for chronic pain management. St. Jude Medical's goal is to improve the lives of the millions of people around the world who suffer with disabling pain or nervous system disorders.



Located in Osaka, Japan, Takeda is a research-based global company with its main focus on pharmaceuticals. As the largest pharmaceutical company in Japan and one of the global leaders of the industry, Takeda is committed to strive towards better health for people worldwide through leading innovation in medicine. Takeda Pharmaceuticals U.S.A., Inc. is located in Deerfield, Ill., and is the U.S. marketing and sales organization of Takeda Pharmaceutical Company Limited.



At Teva, we're passionate about improving quality of life and healthcare globally. This is our ongoing mission as we touch the lives of millions of patients every day, and billions of patients every year.



We are a state-of-the-art compounding pharmacy specializing in treating acute, chronic, and degenerative type pain with our novel applications.



Transdermal Therapeutics is a compound pharmacy committed to providing prescribers the highest quality customized medications for their patients. We provide effective non addictive pain solutions for patients and prescribers. In addition, we are partnering with the medical community through focused research and discovery of additional solutions for patients who suffer with debilitating pain, while maintaining a safe, cost effective treatment option.



Triangle Compounding Pharmacy is a FDA Registered 503B Outsourcing Facility and PCAB accredited pharmacy located in Cary, NC, serving the mid-Atlantic and Southeastern United States. We compound high quality pain preparations and sterile injectables in our state-of-the-art cGMP facility including pain treatments, steroids and intrathecal pain pump medications.



At US WorldMeds our mission is to develop, license and commercialize unique and significant specialty pharmaceuticals that address unmet medical needs or overcome limitations of existing products. Learn more about our products at www.usworldmeds.com.



Vessel Medical has been serving South Carolina and neighboring states since 1991 with a commitment to providing quality caring service in a prompt, efficient, professional manner. Since inception, Vessel Medical has stood for integrity and trust and has developed positive relationships with the customers and communities we serve. We are committed to a tradition of excellence and will exemplify the highest standards of integrity, honesty, and ethical conduct in all we do.



XenoPort, Inc. is a biopharmaceutical company focused on developing and commercializing a portfolio of internally discovered product candidates for the potential treatment of neurological disorders. XenoPort's technology utilizes the biology of nutrient transport mechanisms to enhance absorption, provide more predictable drug exposure, reduce inter-patient variability, and decrease dosing frequency.



Zogenix is committed to developing therapies that address specific clinical needs for people living with CNS disorders and pain-related conditions who need innovative treatment alternatives to help them return to normal daily functioning. Zogenix is dedicated to providing impactful educational resources for patients, healthcare providers and pharmacists who incorporate our products into their therapeutic regimen.

Notes



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AdaptiveStim® technology delivers

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88.7%* of patients reported better pain relief with AdaptiveStim vs. conventional stimulation.^{1,2}

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* RestoreSensor® Clinical Study compared AdaptiveStim® to Medtronic conventional stimulation; 88.7% is based on analysis of one of two questions that comprised the primary endpoint of improved convenience and/or better pain relief. Percentage based on respondents who completed the pain relief question.



† Under specific conditions; requires SureScan® implantable neurostimulator and Vectris® leads. Refer to approved labeling for complete list of conditions.

References

1. Medtronic advanced pain therapy using neurostimulation for chronic pain. Clinical Summary, 2011. M221494A006.
2. Schultz D, Webster L, Kosek P, Dar U, Tan Y, Sun M. Sensor-driven, position-adaptive spinal cord stimulation for chronic pain. *Pain Physician*. 2012;15:1-12.

NEUROSTIMULATION SYSTEMS FOR PAIN THERAPY

Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

Indication for Use: Chronic, intractable pain of the trunk and/or limbs—including unilateral or bilateral pain. **Contraindications:** Diathermy. **Warnings:** Defibrillation, diathermy, electrocautery, MRI, RF ablation, and therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Rupture/piercing of neurostimulator can result in severe burns. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device. **Precautions:** The safety and effectiveness of this therapy has not been established for: pediatric use, pregnancy, unborn fetus, or delivery. Follow programming guidelines and precautions in product manuals. Avoid activities that stress the implanted neurostimulation system. EMI, postural changes, and other activities may cause shocking/jolting. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging. **Adverse Events:** Undesirable change in stimulation; hematoma, epidural hemorrhage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, and surgical risks. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com. USA Rx Only Rev 0313

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EDUCATION (YOU MAY ATTACH A CV)
INSTITUTION / PROGRAM

CITY/STATE

DEGREE

DATES

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Medical

Residency (IF APPLICABLE)

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In-Training: WHEN DO YOU EXPECT TO GRADUATE?

PRACTICE WEBSITE:(REQUIRED)

By submitting an application for membership to The Pain Society of the Carolinas, I agree to abide by the By-Laws, and contribute to the society by submitting papers, entering into discussions, and participating in PSoC endorsed and planned activities.

SIGNATURE_____ **DATE**_____

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